

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/018962	FLING DATE
						APPLICANT(S)	
						CLAIMS	
AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	
2						52	
3						53	
4						54	
5						55	
6						58	
7						57	
8						58	
9						59	
10						60	
11						61	
12						62	
13						63	
14						64	
15						65	
16						66	
17						67	
18						68	
19						69	
20						70	
21						71	
22						72	
23						73	
24						74	
25						75	
26						76	
27	1		1			77	
28						78	
29						79	
30						80	
31						81	
32						82	
33						83	
34	11					84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42	1					92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	2	1	2	0		TOTAL IND.	
TOTAL DEP.	48	22	22	0		TOTAL DEP.	
TOTAL CLAIMS	50	24	24	0		TOTAL CLAIMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS